

## Referral Form

Referrer Details			
Referrer name and Organisation		Role	
Telephone number			
Address			
e-mail address			
Consent to referral? - YES/NO  Who by? (Young person/parent/carer) -		Does the young person, Parent/ Carer consent for information to be shared with partner agencies? (Darlington Association on Disability)  YES/ NO	Date -
Can the project contact the young person directly?  YES/NO			
What outcomes would referrer like to see?			

Area of Engagement (Please Tick all that apply)							
Youth House	<input type="checkbox"/>	Co-production Network	<input type="checkbox"/>	Detached Youth Work	<input type="checkbox"/>	Holiday Activities	<input type="checkbox"/>
Back On Track	<input type="checkbox"/>	School Based Activities	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

Young person's Information							
First Name				Surname			
Date of Birth				Age			
Contact name (eg, parent/carer)							
Contact Number				Email			
Gender (please tick)							
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Address						Post Code	

Are there any risk factors that the project may need to be aware of in order to support the young person? YES/NO
Please detail –

Disability (please tick and inform of any medication)							
None		Learning Disability		Mental Health Condition		Physical Impairment	
Visual impairment		Hearing Impairment		Autism		Other (provide details below)	
Does the young person have any other support requirements?  Please detail –							

<b>Does the young person have caring responsibilities?</b> (please tick)	Yes		No		Details	
<b>Does the young person receive support from an organisation with this?</b> (please tick)	Yes		No		Details	
<i>Caring - helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem. For example parents or care for a brother or sister.</i>						
Does the young person receive any support from any other organisations?  Please specify -						

This section is to be completed by YIF team:

<b>Date received:</b>	
<b>Initial contact date:</b>	
<b>Actions:</b>	
<b>Name:</b>	

Please return this completed form to [fsvendsen@ymcateesvalley.org.uk](mailto:fsvendsen@ymcateesvalley.org.uk)

Contact Freya Svendsen on 01325 462452 ext 24